**Nutritional security in the community Dr Jitendra270809**

**Introduction:**

At the time of independence our country faced two major nutritional problems - one was the *low agricultural production* leading tothreat of famine and acute starvation and other was the *lack of appropriate food distribution system.* However, during the last 60 years there has been substantial reduction in moderate and severe undernutrition in children and some improvement in nutritional status of all segments of population. Famines are also not prevalent. Kwashiorkor, marasmus, pellagra, lathyrism, beri-beri and blindness due to severe Vitamin-A deficiency have become rare. These improvements resulted due to improvement of dietary intake, improved health care and ongoing developmental process. *Nontheless, there is still milder form of chronic energy deficiency and micronutrient deficiencies widely prevalent in adults and children*.Hence there is requirement of nutrition security in community.

**Human rights and the Right to Food**

* “Every man, woman and child has the inalienable right to be free from hunger and malnutrition in order to develop fully and maintain their physical and mental faculties.” (Source: United Nations 1974)
* The right to food is an implication of the fundamental “right to life” enshrined in Article 21 of the Indian Constitution.

**Definitions:**

1. **Malnutrition**: **(in relation to food security)-** Malnutritionis a disorder, condition, or state of being poorly nourished(over- and under- nutrition). Nutritional status is both a fundamental component and outcome of **food security**.

* ***Undernourishment*** – when an individual simply does not get enough food
* ***Undernutrition***(protein-energy-malnutrition) – measurable forms of lack of nutritional energy and protein, e.g., stunting, wasting and underweight in children and low BMI in adults
* ***Micronutrient deficiency*** (hidden hunger) – a lack of sufficient amounts of one or more essential nutrients such as vitamins and/or minerals
* ***Secondary malnutrition*** – when an individual has a condition or illness that prevents him/her from properly absorbing or digesting food
* ***Overnutrition*** – measurable form of malnutrition when an individual has consumed too many calories over a longer period of time, e.g., overweight and obesity

1. **Food security-**

* “Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food for a healthy and active life.” (World Food Summit, 1996)
* "All people, at all times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life". (FAO 2000)

In practice this concept is mainly implemented in terms of food availability and accessibility: production, distribution and socio-economic access. Food is here defined as any substance that people eat and drink to maintain life and growth. As a result, safe and clean water is an essential part of food commodities. This definition already includes aspects of nutrition but yet not sufficient.

1. **Nutrition security**- "Every individual has the physical, economic and environmental access to balanced diet that includes the necessary macro and micro nutrients and safe drinking water, sanitation, environmental hygiene, primary health care and education so as to lead a healthy and productive life".

The nutrition focus adds the aspects of caring practices, health services & healthy environments to this definition and concept. (Science Academies Summit 1996)

1. **Food and Nutrition Security:** “Food and Nutrition Security is achieved, if adequate food (quantity, quality, safety, socio-cultural acceptability) is available and accessible for and satisfactorily utilized by all individuals at all times to live a healthy and happy life.”
2. **Household Food Security**: “the capacity of households to procure a stable and sustainable basket of adequate food”. (IFAD)

**Magnitude of nutritional status:**

“Nearly 50% of the world's hungry live in India, a low-income, food-deficit country.

Around 35% of India's population(350 million) are considered food-insecure, consuming less than 80% of minimum energy requirements.

Nutritional and health indicators are extremely low. Nearly 9 out of 10 pregnant women aged between 15 and 49 years suffer from malnutrition and anaemia.

Anaemia in pregnant women causes 20% of infant mortality. More than half of the children under five are moderately or severely malnourished, or suffer from stunting” (WFP India)

**Nutritional status by NNMB 2008-**

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**Changing food production patterns: (production and availability)**





**Food and Nutrition Security –A Conceptual Framework:**



**Availability-** refers to the physical existence of food, be it from own production (household level) or from markets (regional or national level). The term is applied most commonly in reference to food supplies at the regional or national level.

**Access-** when all households and all individuals within those households have sufficient resources to obtain appropriate foods for a nutritious diet. It is dependent on the level of household resources—capital, labour, and knowledge and on prices.

Food access also is a function of the physical environment, social environment and policy environment, which determine how effectively households are able to utilize their resources to meet their food security objectives. Drastic changes in these conditions, such as during periods of drought or social conflict, may seriously disrupt production strategies and threaten the food access of affected households.

**Utilization-** Utilizationhas a socio-economic and a biological aspect. If sufficient and nutritious food is both available and accessible the household has to make decisions concerning what food is being consumed (demanded) and how the food is allocated within the household. In households where distribution is unequal, even if the measured aggregate access is sufficient some individuals may suffer from food deficiency. The same is true if the composition of the consumed food is unbalanced. Another aspect is the social function that food can have in terms of community cohesion through offerings, ritual meals etc. especially in food deficit times. This is especially critical for feeding infants (breast feeding, weaning foods etc.).

Focusing on the individual level food security requires also the consideration of the **biological utilization** of food. Utilization requires not only an adequate diet, but also a healthy physical environment, including safe drinking water and adequate sanitary facilities (so as to avoid disease) and an understanding of proper health care, food preparation, and storage processes.

**Stability-** Stability or sustainabilityrefers to the temporal dimension of nutrition security. Nutrition insecurity may be *Chronic food insecurity*—the inability to meet food needs on an ongoing basis and *transitory food insecurity*— the inability to meet food needs on a temporary basis. Transitory food insecurity may be *cyclical* (where there is a regular pattern to food insecurity e.g. the "lean season" that occurs in the period just before harvest) and *temporary* (droughts or floods). Also, civil conflict belongs to the temporary category, although the negative impact on food security often continues over long periods of time.

**Understanding the causes of Food and Nutrition Insecurity:**

**The conceptual framework of the nutritional status at household level**

This conceptual framework emphasizes the difference between ‘Food Security’ and ‘Nutrition Security’.

**Manifestation:** In this conceptual framework, the nutritional status is an outcome of food intake and health status.

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**The immediate determinants**

The immediate determinants (**dietary intake** and **health status**) of the nutritional status manifest at the level of the individual human being. These factors themselves are interdependent.

***Dietary intake***

Dietary intakemust be adequate in quantity and in quality, and nutrients must be consumed in appropriate combinations for the human body to be able to absorb them (energy, protein, fat, and micronutrients). On household level the decision what food is being put on the table (demand) and who is to eat it (intra-household distribution) determines the composition of the meals for the individual. Habits (e.g. food taboos) and knowledge (e.g. preparation, processing, child feeding practices) influence the composition and the biological utilization of the food.

***Health status***

There are strong relationships between the health statusand the nutritional status. A sick person is likely to lose his appetite, eat a poor diet, digests his food poorly and must use some of his nutrients to fight infection. A poorly nourished person has a weakened immune system and is more prone to infections. Infections (most common are respiratory infections, parasites, and diarrhoea) increase the potential for and severity of malnutrition

**The underlying determinants**

The immediate determinants of the nutritional status are, in turn, influenced by four **underlying determinants** manifesting themselves at the household level. These are food availability and access, adequate care for mothers and children (specifically relevant in the case of child nutritional status), a proper health environment as well as access to health services.

**Assessing Food and Nutrition Security**

An assessment of the nutritional situation typically begins with an identification of who are the food and nutrition insecure, where are they located and why are they food and nutrition insecure. The outcome of food and nutrition security is the nutritional status.

***Measurement of the nutritional status***

Findings of measurement of nutritional status may be interpreted at the level of the individual, but are commonly aggregated over a community, district, state or national level. Anthropometric measures are considered to have an advantage over other indicators since body measurements are sensitive to even minor levels of malnutrition whereas biochemical and clinical indicators, on the other hand, are useful only when the level of malnutrition is extreme.

1. **Clinical examinations**(signs and symptoms)

* Vitamine Adeficiency
* Iodine deficiency
* Iron deficiency

1. **Laboratory methods**

* These methods are used to detect decreased levels of nutrients in body tissues or fluids, or decreased activity of an enzyme that is nutrient-dependent.

1. **Anthropometry:**

* **The weight-for-height** index expresses the weight of the child in relation to his height. The index, also called **wasting**, means acute or current malnutrition. Children below -2 z-score or below 80% of the median are classified as being wasted. Children being below -3 z-score or below 70 % of median are at severe risk. A prevalence rate within a surveyed population of more than 5% falling below the cut-off point is of concern; prevalence above 10% is regarded as a serious condition.
* **The height-for-age** index, also called **stunting**, expresses the height of a child in relation to his age. It represents long term deprivation. Therefore it is used as a good indicator for poverty in general. Portions of the population falling below two standard deviations of the reference population are at high risk, and should be classified as being below the absolute poverty line.
* **The weight-for-age** index expresses the weight of a child in relation to his age. The index does not differentiate between two children of the same age and weight, one being tall and wasted and the other one being shorter and not wasted. The indicator, also called **underweight**, is less powerful to assess the nutritional status, since it does not differentiate. However, it is easy to measure and performs well for growth monitoring at community level or clinics.
* **Mid-upper-arm-circumference** (MUAC) also assesses the actual nutritional status (acute malnutrition) of a child. MUAC is quick to measure and requires simple equipment (tape), but suffers from higher measurement errors and is therefore less reliable. Where measuring weight and height is not feasible MUAC is an adequate substitute. Children showing an arm circumference less than 13.5 cm are classified as being at risk, children less than 12.5 cm at severe risk. Weight-for-height and MUAC are strong predictors for mortality in the near future.
* The **Body-Mass-Index** (BMI) is applied with adults and becomes more and more accepted as an important indicator for the nutritional status of adults. It requires the measurement of weight and length. A BMI over 18.5 indicates adequate nutrition; a BMI below 16 clearly shows chronic energy deficiency.

**Major nutrition-related public health problems are:**

* Chronic energy deficiency and undernutrition
* Micro-nutrient deficiencies
* Anaemia due to iron and folate deficiency
* Vitamin A deficiency
* Iodine Deficiency Disorders
* Chronic energy excess and obesity

**Emerging Nutritional Problem**

***Adolescent Nutrition***

Adolescents undergo rapid growth and development, so are one of the nutritionally vulnerable groups. In undernourished children rapid growth during adolescence may increase the severity of undernutrition. Early marriage and pregnancy will perpetuate both maternal and child undernutrition. At the other end of spectrum among the affluent segment of population, adolescent obesity is increasingly becoming a problem.

***Geriatric Nutrition***

With increasing longevity the proportion and number of persons in the age group 60 and beyond is rapidly increasing. Also, in this age-group women outnumber men. Available data from nutrition surveys indicate that in this group also the dual problem of chronic energy and micro nutrient deficiency on one hand and obesity on the other hand are increasingly seen. Lack of social support, breaking up of joint family system, changing life-styles all aggravate with health and nutritional problems in elderly age group.

**Initiatives to improve nutritional status of the population include**:

* Increasing food production- building buffer stocks
* Improving food distribution- building up the Public Distribution System (PDS)
* Improving household food security through
* Improving purchasing power
* Food for work programme
* Direct or indirect food subsidy
* Food supplementation to address special needs of the vulnerable groups-Integrated Child Development Services (ICDS), Mid-Day Meals
* Nutrition education especially through Food and Nutrition Board (FNB) and ICDS
* Efforts of the health sector to tackle
* Adverse health consequences of undernutrition
* Adverse effects of infection and unwanted fertility on the nutritional status
* Micronutrient deficiencies and their health consequences

***Initiatives in Tenth Plan:***

* household food security and freedom from hunger to nutrition security for the family and the individual;
* untargeted food supplementation to screening of all the persons from vulnerable groups, identification of those with various grades of under-nutrition and appropriate management;
* lack of focused interventions on the prevention of over-nutrition to the promotion of appropriate lifestyles and dietary intakes for the prevention and management of over-nutrition and obesity.

***Eleventh plan:***

* *11th Plan aims at reducing poverty by 10 per cent: Examples*
* ***Micro-land ownership initiative:*** The Plan aims to allot micro-plots to the size of 1/10th or 1/15th of an acre to at least 10 lakh families. The ongoing work in Andhra Pradesh, Karnataka, West Bengal and most recently Orissa, all confirm that plots of land as little as 1/10 of an acre can provide a foundation for extremely poor people, especially women, to build a sustainable livelihood and a better economic future. This way the poor family will have enough space to live and, also a little space extra for supplementary livelihood activities, such as growing fodder and keeping livestock, planting fruit trees or vegetables, or undertaking other land-based economic activities (farm or non-farm) to improve their food, nutrition, and livelihood security.
* *Group actions:* The Deccan Development Society has provided subsidized credit to landless scheduled caste (SC) women’s groups for land purchase using an AP government scheme. Many groups have purchased land through this scheme and are farming it collectively. This has enhanced agricultural output, food security, and employment for poor women and their families. Many have brought uncultivated land into productive use.
* *The following recommendations to address the aforesaid emerging issues as identified by the Sub-Group on ‘ICDS & Nutrition’.*

1. Universalisation of ICDS with Quality
2. Strengthening Basic Infrastructure and Service Delivery in AWCs
3. Restructuring Programme Management/Revised ICDS National Framework
4. Strengthening HR Management
5. Mobilizing Resources
6. Nutritional Issues – Eradicating Severe Malnutrition
7. Strengthening Nutrition & Health Education (NHE)
8. Advocacy, Communication and Social Mobilization
9. Strengthening Training and Capacity Building
10. Strengthening Monitoring & Evaluation
11. Public-Private and Community Partnership (PPCP)
12. Strengthening partnerships with PRIs, NGOs and Voluntary Sector

**Programmes to overcome nutritional insecurity:**

**Food Supplementation Programmes**

1. *Nutritional Component Of The Integrated Child Development Scheme (ICDS)*

ICDS is the largest of all the food supplementation programmes in the world, was initiated in 1975.

1. *Pradhan Mantri's Gramodaya Yojana (PMGY)*

A new initiatives Pradhan Mantri's Gramodaya Yojana (PMGY) has been announced in the budget 2000-01 with the objective of enabling sustainable human development at the village level. The total fund allocation for the scheme have to investment in selected basic minimum services such as primary health, primary education, rural shelter, rural drinking water and nutrition.

1. *Nutritional Support To Primary Education* (popularly known as the ***Mid-day Meal Scheme***):

In order to improve the nutritional status and school retention rates among primary school children, the programme for Nutritional Support to Primary Education was launched in 1995 as a 100 per cent centrally funded, Centrally Sponsored Scheme. Under this scheme, all school children in the primary schools in government and government aided schools are to be covered.

**Programmes for control of Micronutrient Deficiencies**

1. ***The National Anaemia Prophylaxis Programme:*** was initiated in 1972 for iron and folic acid distribution to all pregnant women. Anemia present from childhood through adolescence antedates pregnancy and it gets aggravated during pregnancy and perpetuated by blood loss during labour. Pregnant women and pre-school children are the worst affected.
2. ***The National Iodine Deficiency Disorders Control Programme*** The IDD exists in sub-Himalayan region, riverine and coastal areas. No State in India is completely free from IDD. Universal use of iodised salt is a simple inexpensive method of preventing IDD.

*The National Iodine Deficiency Disorders Control Programme* has concentrated largely on ensuring the iodisation of salt and is one of the successful micronutrient programmes. Although most states have banned the sale of non-iodised salt, this is still available widely, even in goiter-endemic areas. The poor probably benefit least from IDD programme as they are more likely to consume uniodised salt which is cheaper. As a part of its drive to prevent IDD among the general public, the Central Government had a issued a notification w.e.f. May, 1998 making it mandatory for all manufacturers of edible salt to iodise their product.

1. **National Prophylaxis Programme Against Nutritional Blindness**: Vitamin A deficiency in childhood is mainly due to inadequate dietary intake of Vitamin A. Increased requirement of the Vitamin A due to repeated infection aggravated the magnitude and severity of the deficiency.

In 1970 the ***National Prophylaxis Programme Against Nutritional Blindness*** was initiated as a Centrally Sponsored Scheme (CSS). Under this CSS, all children between ages of 1-5 years were to be administered 200,000 IU of Vitamin A orally once in six months. Therapeutic doses are given to those with detected deficiencies; programme promotes improved dietary intake of Vitamin A rich food. Under the revised regimen a dose of 100,000 IU of Vitamin A is to be given to all infants at 9 months along with measles vaccine and a second dose of 200,000 IU is to be administered at 18 months of age along with booster dose of DPT and OPV. In view of this it might be preferable to use the sustainable strategy for improving Vitamin A status of children i.e.

* Administration of massive dose of Vitamin A through AWW twice a year say April and October every year
* Nutrition education by AWW to improve intake of green/yellow vegetable

**Legal entitlements for nutrition security:**

In an order dated November 28th 2001, the Supreme Court converted the benefits of nine food-related schemes into “***legal entitlements***” and directed the State governments to fully implement these schemes as per official guidelines. These schemes can broadly be divided into the following categories: (**Entitlement Feeding Programmes, Food Subsidy Programmes, Employment Programmes, and Social Assistance Programmes**)

**Entitlement Feeding Programmes**

1. **Integrated Child Development Services:** Covers all Children under the age of six, pregnant and lactating mothers and adolescent girls.

This scheme addresses a range of children’s needs under one umbrella. Health care, nutrition and pre-school education of children upto the age of six as well as nutrition of adolescent girls and pregnant and nursing women are part of this programme. The services to be provided under this scheme include supplementary nutrition, health check-up, immunization, referral services, and non formal preschool education. The ICDS centres or Anganwadi would be the centre of convergence of all the services.

Under this programme, children up to 6 years should be provided 300 calories and 8-10 grams of protein; adolescent girls 500 calories and 20-25 grams of protein per day and pregnant and nursing mothers 500 calories and 20-25 grams of protein per day. Undernourished children are entitled to double the daily supplement provided to the other children (600 calories and/or special nutrients on medical recommendation).

The ICDS is a centrally sponsored scheme with the state governments contributing towards 50% of the costs of supplementary nutrition (i.e. Rs. 1 per child per day).

**ICDS Court Order Summary**

1. Every settlement in rural areas and urban slums must be covered with Anganwadi Centres.
2. Supplementary nutrition should be provided to every child under six, every adolescent girl, every pregnant woman and nursing mother for 300 days in a year.
3. All the services of ICDS including immunization, health education, pre-school education, and supplementary nutrition must be provided to ALL children up to the age of six years, adolescent girls, pregnant women and nursing mothers.
4. Efforts must be made to ensure that all SC/ST habitations in the country have AWCs as early as possible. Similar efforts shall also be made to cover all urban slums.
5. Private contractors should be banned from the supply of supplementary nutrition. Local women’s SHGs and Mahila Mandals should be encouraged to supply supplementary food distributed in Anganwadi Centres.
6. The BPL status of a family is not a criterion for accessing the ICDS.
7. All State Governments/Union Territories are to put on their website full data for the ICDS schemes including where AWCs are operational, the number of beneficiaries category-wise, the funds allocated and used and other related matters
8. Communities (rural and urban) are entitled to an "anganwadi on demand" if there are more than 40 children under the age of six and there is no provision of an anganwadi centre.
9. **Mid Day Meal Scheme:** Covers all primary school children.

Every Government and Government-aided primary school and all schools run by a State Government, UT Administration, or with Government money by a Local Body or NGO, in every part of the country must provide a nutritious, clean hot cooked meal to all primary school children. Cooked meals with a minimum content of 450 calories and 12 grams of protein are to be provided on each working day of the school.

The Mid-day Meal Scheme has recently been expanded to cover children in upper primary schools too.

The Government of India contributes to the mid day meal scheme in the form of supply of free foodgrain (@ 100 grams per child per day) and a contribution of Rs. 1.50 per child per day towards cooking costs provided the State Government/UT Administration contributes a minimum of 50 paise.

**MDM Court Order Summary**

1. Cooked mid-day meal should be provided in all government and government aided primary schools in the State / Union Territories.
2. In all drought-affected areas, the mid day meal is to be provided to primary school children throughout the summer vacation.
3. This meal is to be provided free of cost to all school children. Money for the meal is not to be collected from parents of children under any circumstances.
4. The Central Government is also to allocate funds to meet the conversion costs of food-grains into cooked mid day meals. Provisions are also to be made for the construction of kitchen sheds, better infrastructure and improved facilities including facilities for drinking water.
5. In appointment of cooks and helpers preference is to be given to dalits, scheduled castes and scheduled tribes.

**Food Subsidy Programmes**

* 1. **Targeted Public Distribution System:** Provides 35 kgs per month of subsidised food grains at half the cost of the economic price to all families identified as living below the poverty line (BPL families).

The Targeted Public Distribution System (TPDS) is a means of distributing food grain and other basic commodities at subsidized prices through “fair price shops”. Every family is supposed to have a ration card. In 1997, the TPDS became “targeted”: wherein different ration cards were issued to households “Below the Poverty Line” (BPL) and those “Above the Poverty Line” (APL), and each category has different entitlements. Today, both BPL and APL households are entitled to 35 kgs of grain per month, but the issue price is higher for APL households.

The BPL quota for each state is determined by the Planning Commission’s estimates of poverty in the state, which is in turn calculated on the basis of the National Sample Survey Organisation’s (NSSO) Consumption Expenditure Surveys (CES).

**TPDS Court Order Summary**

1. 35kg. of food grain should be given to BPL card holders at subsidized price.
2. A fixed address is not necessary to get a ration card. Even homeless people are entitled to ration cards.
3. In the event of corruption in TPDS, strong criminal action should be taken under the Essential Commodities Act.
4. Eligible People who are denied the BPL-TPDS card can apply to a designated authority in the state. In case of denial of the card by the designated authority people can apply to an appellate authority in the district, within 30 days of the denial order from designated authority, who shall give the decision as far as practicable within 60 days. Till the appeal is pending, the Appellate Authority may direct that the order under appeal shall not take effect. This means that an aggrieved person may be issued a temporary BPL-TPDS card.
5. The monthly ration should be provided to the beneficiary in installments.
6. It is the legal duty of all Fair Price Shop owners, to:
   1. keep their shops open during the stipulated period
   2. charge only the prescribed price
   3. give the BPL cards to the card holders, and not keep these in FPS itself
   4. not make false entries in the BPL cards
   5. not store or sell the grain in open market
   6. not hand over such ration shops to other person/organizations. The license of all shop-owners who do not comply with these provisions should be cancelled.
   7. **Antodaya Anna Yojana:** Provides 35 kgs of rice per month at Rs. 3/- per kilo or 35 kgs of wheat per month at Rs. 2/- per kg. This is to around 40% of the poorest of poor families.

The aim of the Antyodaya Anna Yojana scheme (launched in 2000) is to provide special food-based assistance to destitute households. These households are given a special ration card (an “Antyodaya card”), and are entitled to special grain quotas at highly subsidised prices. Against each Antyodaya card, beneficiary household or individuals are entitled to 35kg. of subsidized rice or wheat per month from the designated local ration shop. The subsidized price charged is Rs. 2/- per kg. for wheat and Rs. 3/- per kg. for rice. Under no circumstance a FPS dealer should charge any additional charges above this price.

**AAY Court Order Summary**

Every family or individual in the following social group should be given an Antyodaya Card:

* 1. Aged, infirm, disabled, destitute men and women, pregnant and lactating women, destitute women;
  2. widows and other single women with no regular support;
  3. old persons (aged 60 or above) with no regular support and no assured means of subsistence;
  4. households with a disabled adult and assured means of subsistence;
  5. households where due to old age, lack of physical or mental fitness, social customs, need to care for a disabled, or other reasons, no adult member is available to engage in gainful employment outside the house;
  6. primitive tribes.

1. BPL is not a criterion for getting an Antyodaya card, and it is illegal for the above mentioned groups or individuals to be denied AAY cards just because they are wrongly not included in the BPL list of the village or wrongly denied a BPL-PDS card before. This means that if an individual not having BPL-PDS card applies for AAY card, then he cannot be denied AAY card just because he/she did not possess BPL-PDS card or did not have his/her name in the BPL list. This decision can be only taken after due investigation, ascertaining the economic and social status of the individual or household.

**Employment Programmes**

* + - 1. **Sampoorna Gramin Rojgar Yojana:** A Food for work programme that is being phased out and replaced by the NREGA.

**National Rural Employment Guarantee Act:** The National Rural Employment Guarantee Act, 2005 guarantees 100 days of employment in a financial year to any rural household whose adult members are willing to do unskilled manual work. This work guarantee can also serve other objectives: generating productive assets, protecting the environment, empowering rural women, reducing ruralurban migration and fostering social equity, among others. The Act came into force initially in 200 districts, and will be extended gradually to other areas notified by the Central Government. It will cover the whole country within five years.

**NREGA Summary**

1. **Eligibility**: Any person who is above the age of 18 and resides in rural areas is entitled to apply for work.
2. **Entitlement**: Any applicant is entitled to work within 15 days, for as many days as he/she has applied, subject to a limit of 100 days per household per year.
3. **Distance**: Work is to be provided within a radius of 5 kilometres of the applicant’s residence if possible, and in any case within the Block. If work is provided beyond 5 kilometres, travel allowances have to be paid.
4. **Wages**: Workers are entitled to the statutory minimum wage applicable to agricultural labourers in the state, unless and until the Central Government “notifies” a different wage rate. If the Central Government notifies, the wage rate is subject to a minimum of Rs 60/- per day.
5. **Timely payment**: Workers are to be paid weekly or in any case not later than a fortnight. Payment of wages is to be made directly to the person concerned in the presence of independent persons of the community on pre-announced dates.
6. **Unemployment allowance**: If work is not provided within 15 days, applicants are entitled to an unemployment allowance: one third of the wage rate for the first thirty days, and one half thereafter.
7. **Worksite facilities**: Labourers are entitled to various facilities at the worksite such as clean drinking water, shade for periods of rest, emergency health care, and child-minding.

**Social Assistance Programmes**

* 1. **National Old Age Pension Scheme:** Provides a monthly pension to all BPL adults above the age of 65.

The National Old Age Pension Scheme is available to all poor persons aged 65 years or older. Under the NOAPS, the Central Government provides for Rs. 200/- per pensioner per month and the states are urged to contribute an equal amount. The scheme should be implemented as per state guidelines and the old age pension beneficiaries should get the benefit regularly each month before 7th of of the month. After the expansion of the scheme to all old persons below the poverty line, the scheme has been renamed as “Indira Gandhi National Old Age Pension Scheme”.

**NOAPS Court Order Summary**

1. State governments have been directed to complete the identification of persons entitled to pensions under NOAPS, and to ensure that the pensions are paid regularly.
2. Payment of pensions is to be made by the 7th day of each month.
3. The scheme must not be discontinued or restricted without the permission of the Supreme Court. This actually applies to all the schemes covered by the interim order of November 28th 2001.
4. The NOAPS grants paid by the Central Government to the State Governments under “Additional Central Assistance” should not be diverted for any other purposes.
   1. **National Family Benefit Scheme:** Provides compensation of Rs. 10,000/- in case of death of bread winner of BPL families.

The National Family Benefit Scheme provides for lumpsum cash assistance to families below the poverty line on the death of the primary breadwinner (member of household whose earnings contribute substantially to household income) between the age group of 18–65 years. The Scheme provides for Rs. 10,000/- to be paid in cash to the family in case of the breadwinner’s death. This payment is made after inquiring the surviving head of the bereaved household.

**NFBS Court Order Summary**

The entire sum of Rs. 10,000/- has to be paid within four weeks of the breadwinner’s death through the local Sarpanch.

* 1. **Annapurna Yojana:** Provides 10 kgs of free food grain for destitute poor who are not covered under the National Old Age Pension Scheme (this scheme is now being revised as the national old age pension scheme to cover poor old people).
  2. **The National Maternity Benefit Scheme** was introduced in 2001 to provide nutrition support to pregnant women. Under this scheme BPL pregnant women are given a onetime payment of Rs. 500/- 8–12 weeks prior to delivery. In the year 2005, the Government of India launched the Janani Suraksha Yojana under the National Rural Health Mission to provide cash incentives for women to have an institutional delivery. The NMBS was merged into the JSY and with the intervention of the Supreme Court the benefits under the NMBS retained, irrespective of place of delivery.

**NMBS Court Order Summary**

* All BPL pregnant women should be paid Rs. 500/- under NMBS 8–12 weeks prior to delivery for each of the first two births.
* The benefit under NMBS/JSY must be paid irrespective of place of delivery, and also irrespective of age and number of children.

**Food security bill (2009):**

The draft Food Security Bill would provide 25 kg of wheat/ rice to BPL households at Rs. 3/- per kg. The Food Security Act would ensure that every family living below the poverty line in rural or urban areas will be entitled by law to 25 kilos of rice or wheat per month at Rs. 3/- per kilo. The Government of India proposes to put the draft Food Security Bill on the website of the Department of Food and Public Distribution for public debate and consultations very soon.

(The Food Security law is nothing but a gimmick so as to increase the popularity of the UPA II. This is a forward-looking step to ensure vote for the Congress so that Rahul Gandhi could lead UPA-III).

The draft Food Security Bill would provide 25 kg of wheat/ rice to BPL households at Rs. 3/- per kg. For some, it is just old wine in a new bottle and would rely excessively on existing infrastructure and logistical support of the public distribution system (PDS).

Instead of better implementation of the already existing schemes such as the Targeted Public Distribution System (TPDS), Antodaya Anna Yojana (AAY), Integrated Child Development Scheme (ICDS), Mid Day Meal Scheme (MDMS) etc., the Food Security law might make things unduly worse and unnecessarily complicated. A cynical question here would be: Is the Food Security Bill going to replace all such food related schemes that existed before its enactment?

If the Bill is about ensuring food security, how can it leave those who may not fall below the poverty line but are already exposed to food insecurity? The Rome Declaration (1996) made during the World Food Summit states that ‘food security is achieved when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active life’. Food security is about nutrition security too. If that is the case, the Food Security Bill has to rethink about the quality of foodgrains supplied and distributed. The Food Security Bill must also aim at providing fortified foodgrains along with edible oils, salt and essential spices. A balanced diet would ensure both food and nutrition security.

**References:**

* + 1. Planning commission. Chapter 3.3. Food and nutrition security. Tenth five year plan 2002-07.
    2. Planning commission. Sub group report. ICDS and nutrition in the eleventh five year plan 2007-2012.
    3. National nutrition monitoring bureau. National institute of nutrition. Indian Council of Medical Research. Hyderabad 2006.
    4. Factsheet. Nutrition status. National nutrition monitoring bureau. National institute of nutrition. Hydrabad 2008.
    5. <http://www.sccommissioners.org/>
    6. <http://www.fao.org/>
    7. The Hindu. Micro-land ownership initiative hailed.Monday, Mar 24, 2008.
    8. Hahn H. Conceptual Framework of Food and Nutrition Security. Version April 2000.
    9. Rao NP. Nutrition intervention programmes in India and in neighbouring countries. Textbook of human nutrition. Oxford & IBH Publishing Co. Pvt. Ltd.; New Delhi: 1996.
    10. Department of Food and Public Distribution. <http://fcamin.nic.in/dfpd_html/index.asp>
    11. Thematic Guidelines: Nutrition and Health. Guidelines for the Use of Nutritional Information in VAM. WFP March 2005.
    12. http://www.wfp.org/countries/india